Practitioner	's Docket	$N_0 \cdot 1$	370.01
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**PATENTS** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Faxed to Technology Center 3700 at (703) 872-9302 Box Non-Fee Amendment Assistant Commissioner for Patents Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is an independent inventor. A statement was already filed.

# **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

# CERTIFICATE OF FACSIMILE TRANSMISSION (37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment B is being transmitted by facsimile to the United States Patent and Trademark Office, Technology Center 3700, Attn: Alvin A. Hunter at (703) 872-9302 on April 2, 2003.

Dated: April 2, 2003

Deborah Preza

(Amendment Transmittal-page 1)

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3) SMALL ENTITY				
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee			
Total	12	Minus	20	= 0	x \$9 =	\$0		
Indep.	2	Minus	3	= 0	x \$42 =	\$0		
First Presentation of Multiple Dependent Claim				+ \$140 =	\$0			
				•	Total Addit. Fee	\$0		

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

No additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745. If any additional fee for claims is required, charge Deposit Account No. 500745.

SIGNATURE OF PRACTITIONER

Reg. No. 41,849

Tel. No.: (727) 507-8558

Anton J. Hopen Smith & Hopen, P.A.

15950 Bay Vista Drive, Ste. 220

Clearwater, FL 33760

(Amendment Transmittal—page 2)

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Ø 004/003

**PATENTS** 

Practitioner's Docket No.: 1370.01

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Alvin A. Hunter

Art Unit: 3711

Applicant:

Jim Sowerwine

Serial No.:

09/683,595

Filing Date:

01/23/2002

For:

Golf Swing Practice Device

Faxed to Technology Center 3700 at (703) 872-9302 Box Non-Fee Amendment Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

In response to the final Examiner's Action mailed on 03/20/03, the above-identified patent application is amended a second time as follows. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT B

(37 C.F.R. § 1.111)